Frequently Asked Questions

What is Integrated Discharge Planning?
Integrated discharge planning occurs when hospitals, general practitioners (GPs) and other Primary, Community and Continuing Care (PCCC) providers coordinate care for the patient from community to the hospital and back again. It supports the continuity of healthcare, between based on the individual needs of the patient.

Why is there a need for a Code of Practice?
A number of reports including those on Bed Utilisation have highlighted the need to improve the internal hospital organisational factors that influence length of stay, bed occupancy and bed utilisation. This includes the configuration of ward rounds, introduction of discharge planning and multi-disciplinary working to reduce delay in assessment and discharge and the need to clarify roles and responsibilities to ensure safe, seamless and effective care.

How was the Code developed?
The Code of Practice was developed as follows:
- Extensive literature search.
- Consideration of the opinion of experts knowledgeable in the subject.
- Consideration of the available current best practice, both in Ireland and internationally, that may impact on integrated discharge planning.
- Organisation of a series of national workshops to discuss integrated discharge planning with key stakeholder groups.
- Development of draft standards and recommended practices that were distributed for consultation to key stakeholders.
- Incorporation of feedback, where appropriate, into the final version of the Code.

What are the key elements in the Code of Practice?
The Code document has been prepared in five main parts.

- Part One: Background
- Part Two: Standards
- Part Three: Recommended Practices
- Part Four: Audit Tool
- Part Five: Resources & Appendices

What does the Code do?
The Code provides a standardised approach to integrated discharge planning in the Health Service Executive (HSE), from preadmission to post-discharge. The aim is to enhance patient safety and improve continuity of care from the hospital to the home and community. The Standards will be used to direct and evaluate integrated discharge planning practices in the HSE providing:
1. A framework for consistent, coherent management of integrated discharge planning in the Health Service Executive.
2. A reference point against which continual improvement and consultation can take place.
Who does the Code apply to?
The Code applies to healthcare facilities providing services on behalf of the Health Service Executive under S.39 of the Health Act 2004. It is allied to work being undertaken on the Transformation Programme—*Develop integrated services across all stages of the care journey.*

Is it a static document?
The Code is an evolving document because standards and practices in relation to integrated discharge planning will change over time, particularly in the context of emerging primary care teams and networks. It will therefore be subject to regular review and updated as necessary.

Who is responsible for making it work?
The Code provides a National Framework for local implementation. It is driven regionally by the Local Implementation Team (LIT) and associated Joint Implementation Group/s (JIGs) which consist of representatives of local primary and secondary care services providers. The LITs report to the Winter Initiative Corporate Team.

How will we know it is working?
The Code contains a number of Key Performance Indicators (KPIs) in Section 2 which will be used to monitor and continually improve performance. In addition an audit tool has been developed which will allow for local self assessment against the standards within the code and upon which improvement plans can be formulated.

What is the Self Assessment Process?
The self assessment process is likened to accreditation where there is an audit tool reflecting the key performance indicators in the code and which is intended to be used to give each healthcare area a baseline of where they currently are and where they need to be.

We have good Discharge Planning arrangements – why should we change?
This code is intended to support good practice around the country by formalising best practice and allowing it to be measured in terms of value for the patient and value for the system.

Who will benefit from implementation of the Code?
Getting discharge right benefits everyone:

**Patients** want information about their treatment, how long they are likely to stay in hospital and when they can expect to be discharged. This helps the patient to access services when they need them, have their needs identified and have care delivered in a setting appropriate to their needs.

Improved pre-planning of patient care will result in less stress for **staff** and a better working environment.

**Healthcare facilities** will be enabled to employ their valuable resources to maximum effect.